

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51							
2							52	1						
3							53		1					
4							54		1					
5							55		1					
6							56	1						
7							57		1					
8							58		1					
9							59		1					
10							60		1					
11							61		1					
12							62		1					
13							63		1					
14							64	1						
15	1	1					65		1					
16		1					66							
17		1					67							
18		1					68							
19		1					69							
20		1					70							
21		1					71							
22		1					72							
23		1					73							
24		1					74							
25	1	1					75							
26		1					76							
27		1					77							
28		1					78							
29		1					79							
30		1					80							
31		1					81							
32		1					82							
33		1					83							
34		1					84							
35		1					85							
36	1						86							
37		1					87							
38		1					88							
39	1						89							
40		1					90							
41		1					91							
42		1					92							
43		1					93							
44		1					94							
45		1					95							
46	1						96							
47		1					97							
48		1					98							
49		1					99							
50		1					100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS